REMARKS:

Regarding the objection to the drawings, as discussed above, the description of Figure 3 has been amended so as to more accurately describe Figure 3. It is noted that the amended description of Figure 3 is clearly supported by Figure 3 as filed.

Regarding the statement by the examiner under the heading "claim interpretations/definitions", claims 1 and 10 have been amended to state that the skin disease is selected from the group consisting of: dysplastic melanocytic nevi; banal nevi; lentigines; actinic keratoses; seborrheic keratoses; basal cell carcinoma; and malignant melanoma.

The claims have been amended to clarify that "visible/near-IR" as used in the claims refers to "visible or near-IR spectra". Support for this may be found throughout the application, at least at for example page 6, lines 4-9, wherein the wavelengths listed include both visible and near-IR wavelengths.

Claim 8 was rejected for referring to "the diagnostic spectral wavelengths" without proper antecedence basis. As the examiner can see, claim 8 has been amended to refer to "the diagnostic wavelengths" and has been amended so as to depend on claim 4.

Claims 1 and 3-7 were rejected under 35 USC 102(a) as anticipated by Sowa. It is believed that the amendment of claim 1 to include the limitations of non-rejected claim 2 overcomes this objection.

Claims 1, 3-6 and 8 were rejected under 35 USC 102(b) as anticipated by Haaland. It is believed that the amendment of claim 1 to include the limitations of non-rejected claim 2 overcomes this objection.

Claims 1, 3-7, 9, 10, 12 and 13 were rejected under 35 USC 102(e) as anticipated by Costa. It is believed that the amendment of claim 1 to include the limitations of non-rejected claim 2 and the amendment of claim 10 to include the limitations of non-rejected claim 11 overcomes this objection.

Claims 2 and 11 were rejected under 35 USC 103(a) in view of Haaland or Costa. Specifically, the Examiner has stated that "at the time the invention was

made, it would have been an obvious matter of design choice to a person of ordinary skill in the art to identify such skin diseases in Haaland et al. or Costa because Applicant has not disclosed that the identification of any of the above diseases provided an advantage, is used for a particular purpose, or solves a stated problem."

As discussed above, the amended claims are directed to a method of diagnosing a skin disease as dysplastic melanocytic nevi; banal nevi; lentigines; actinic keratoses; seborrheic keratoses; basal cell carcinoma; or malignant melanoma. As discussed in the attached affidavit from inventor Michael Jackson and on at least page 4, line 26 to page 5, line7, actinic keratoses are reddish, rough areas of damaged skin which are considered pre-malignant and a small percentage of these lesions develop into a malignant tumor, squamous cell carcinoma; basal cell carcinoma or BCC refers to a slow-growing malignant epithelial neoplasm and this type of cancer in usually "cured" by surgical removal if caught early; actinic lentigines are small benign pigmented lesions often referred to as age or liver spots; dysplastic nevi refer to atypical moles which are considered to be pre-malignant or at greater risk of becoming malignant; seborrheic keratoses are common light brown to black skin growths that are benign; and banal or benign nevi are common benign moles.

Thus, the instant invention allows for an initial screening of skin lesions to determine if the skin lesion is possibly malignant or may become malignant (actinic keratoses, basal cell carcinoma, dyplastic nevi) or are benign (banal nevi, seborrheic keratoses actinic lentigines). Previously, as discussed on page 1, lines 14-18, diagnosis was difficult and could often only be distinguished following a biopsy, which is invasive and time-consuming. For example, using the instant invention, banal nevi, which are benign, can be distinguished from dyplastic nevi which should be removed (see page 14, lines 17-19 of the application as filed). Similarly, actinic kertoses which are pre-malignant lesions can be distinguished from seborrhic keratoses which are benign (see page 14, lines 25-27 of the application as filed). In some embodiments, once a skin lesion has been identified as malignant, a biopsy may be carried out to confirm that the lesion is malignant. However, when the lesion is identified as a benign skin condition, no biopsy is necessary. As the examiner will appreciate, the

identification of the skin diseases as malignant or benign "provides an advantage, is used for a particular purpose or solves a stated problem" in that based on the identification, it is determined what action is necessary, that is, if the skin lesion is malignant and should be removed; if a biopsy should be performed; or if the lesion is benign and no further action need be taken. The advantage/purpose is that fewer biopsies are performed.

It is further noted that new claim 14 is directed to a method of determining if a biopsy should be carried out on a skin lesion. Support for this claim may be found throughout the application as filed, for example, at least on page 1, lines 15 to 18 of the application as filed which discusses the usefulness of screening skin lesions prior to biopsy and page 15, lines 4 to 18.

Further and more favorable consideration is respectfully requested.

Respectfully submitted

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